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Apr 19, 2005 8:00 am
Secretary of State
03-21-2005 90093 020 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 512167

1. Entity Name
FARMACIA LUIS, NO. 3, INC.

66011125

Principal Place of Business	Mailing Address
3195-97 S.W. 18TH ST. MIAMI, FL 33145	3195-97 S.W. 18TH ST. MIAMI, FL 33145

03112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3601 Sw 8 Street Suite, Apt. #, etc.
City & State	City & State: Miami, Florida 33135
Zip / Country	Zip: 33135 / Country: USA

4. FEI Number: 59-1700504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MARTINEZ, LUIS~~
3601 SW 8TH ST.
MIAMI, FL 33135

7. Name and Address of New Registered Agent
Name: Manuel Zaiac
Street Address (P.O. Box Number is Not Acceptable): ~~1000 SW 2 Street~~
~~Suite 2350~~
City: Miami FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, LUIS 47 MARABELLA CORAL GABLES, FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Miriam Martinez 3601 SW 8 Street Miami, Florida 33135	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miriam Martinez, President (305) 445-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/08/2005 Daytime Phone #